GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4408
ANSWERED ON:22.08.2001
NEW NATIONAL AIDS CONTROL POLICY
SULTAN SALAHUDDIN OWAISI

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government are formulating a new National AIDS Control Policy;

(b) if so, the details thereof;

(c) whether some new guidelines have been added in the new policy including no HIV testing without voluntary consent of the persons;

(d) if so, the details thereof;

(e) whether detailed guidelines in regard to testing, counseling as well as protection of privacy have been issued to the State Governments for compliance;

(f) if so, the details thereof; and

(g) the time by which a new policy is likely to come into effect?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR)

(a)to (d) Yes, Sir. The Government is formulating a National AIDS Control Policy. The details of the policy are as follows:

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i)  Prevent further spread of disease by making people aware of its implications
 and provide necessary tools for protection
ii)  Control sexually transmitted diseases among vulnerable sections together with
 promotion of condom use.
iii)  Ensure availability of safe blood and blood products
iv)  Improve services for care of people living with HIV/AIDS.
v)  Make available HIV testing facilities with pre-test and post-test counseling and
 no mandatory HIV testing
vi)  Build up a proper system of Surveillance for HIV/AIDS and STD
vii)  Control the problem of Injecting Drug Users(IDUs)
viii)  Promote  research and development in the field of HIV/AIDS
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(e)&(f) Yes, Sir. The detailed guideline is annexed.

(g) Before finalization of the National AIDS Control Policy, it has to be circulated to various Ministries, Departments and agencies for their comments, hence no definite time period can be indicated.

VOLUNTARY COUNSELING & TESTING

Operational Guidelines for Establishing Voluntary Counseling & Testing Center (VCTC)

Government of India Ministry of Health & Family Welfare National AIDS Control Organisation

NATIONAL AIDS CONTROL ORGANISATION

Guidelines on Voluntary Counseling & Testing for HIV infection (VCT)

1. Introduction:

As the HIV problem intensifies, the issues of care and support for affected individuals, and of prevention of HIV transmission to those who are not affected, become even more critical. Voluntary counseling and testing is now seen as a key entry point for a range of intervention in HIV prevention and care. There are individual benefits that stem from knowing one`s HIV status, and there are also huge potential benefits for society. Increased availability and use of voluntary testing would be an important step towards normalizing attitude to HIV and improving the environment for prevention of transmission. Experience within India and several other developing countries has shown that VCT helps people to cope with their HIV infection, to get access to care and to plan for the future.
Realizing the importance of the voluntary counseling and testing centers, NACO has decided to expand the net work of voluntary counseling testing centers up to the district level.

2. Existing Voluntary Testing and Counseling centers:

During the initial phase of the program, Govt. of India had established nine reference centers and 62 sero-surveillance centers with the objectives of
(i) tracking the geographical spread of HIV infection in the country, and
(ii) referral services for diagnosis of HIV. But, with the expansion of sentinel surveillance and the change in policy of the Govt. for the diagnosis of HIV infection based on three HIV test kits with different antigens/principles, the utility of these centers were limited. However, the role of the nine Reference Centers for confirmation of diagnosis of HIV infection continued. Besides, these centers have an important role to play in training and the recently introduced National External Quality AssessmentProgram for laboratories involved in HIV testing in the country. In this changed scenario, the 9 Reference Centers and the 62 Surveillance Centers (Annex I) will function as Voluntary Counseling and Testing centers and, henceforth, be called as VCTC only.

During the year 1998-99, sixty-nine (69) additional HIV testing centers were sanctioned as Voluntary Blood Testing Centers to promote voluntary counseling and testing. However, all of them are not functional due to various operational and logistic reasons. These centers need to be made functional immediately and should be renamed as Voluntary Counseling and Testing Centers (VCTC) in order to avoid any confusion about their functions and roles.

With the establishment of the External Quality Assessment Program (EQAP) in 2000 it was decided to establish 3 additional Reference centers for a total of 12 centers with National Institute of Biologicals (NIB), NOIDA as the Apex Center. The 3 additiona centers included the VCTC at NIMHANS, Bangalore which was upgraded to a National Reference Center during 2000. These 3 nev centers will also function as Voluntary Counseling and Testing Centers. Thus the total number of VCTC already established is 142 (62 old centers plus 69 new centers and, 9 old Reference centers plus 2 new centers). (Annex II)

2.1 Establishment of New Voluntary Counseling and testing centers (VCTC): As decided in the meeting of the Project Directors of State AIDS Control Societies held on 23rd -24th February, 2001, all districts of the high prevalence States, viz, Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland would be covered by Voluntary Counselling and testing facilities and there must be at least one VCTC in each district. In the other States, 20-30% of the districts will be covered initially and the rest, in a phased manner over a period of 2-3 years.

3. Location of Voluntary Counseling and Testing Center:

HIV/AIDS is not like other infectious diseasesIt is far more complex because HIV infection is life long, outcome is invariably fatal and no cure or vaccine is available so far. As HIV/AIDS is commonly acquired through sexual contact, individuals detected to be HIV infected are stigmatized and discriminated. A number of medical, legal, ethical and psychosocial issues are related with a positive HIV Status.Therefore, anyone engaged in HIV testing must be conversant with these issues, in addition to strategies for HIV testing, protocol of testing, rational for using HIV test kits, correct method of informing the result to the client, counseling, importance of confidentiality, technical and other pitfalls and quality assessment of test. Keeping in view these issues it is always appropriate for the VCTC to be located in the vicinity of the laboratory involved in HIV testing.The department of Microbiology/Pathology in the medical colleges and district hospitals have been identified by NACO for establishing VCTCs.

4. Basic infrastructure:

It is extremely important to note that the VCTC is not a place just for testing a sample for HIV, but much more than that. One of the basic elements involved in VCT is a confidential discussion between a client and trained counselor and the focus is on emotional and social issues related to possible or actual HIV infection. The aim of VCT is to reduce psychosocial stress and to provide the client with the information and support necessary to make decisions - therefore it needs a private and peaceful setting. It is recommended that the following basic infrastructure should be made available in a VCTC:

a) A well functioning laboratory
b) A separate room for counseling
c) Waiting space
d) Trained Microbiologist/Pathologist
e) Trained Lab. Technicians
f) Trained Counsellors
g) Rapid HIV test kits
h) Registration for storage of serum samples and HIV test kits
i) MIS Formats
j) Disinfectants and disposables etc for infection control
k) Guidelines on HIV testing

However, in case of medical colleges, ELISA reader and ELISA test facilities must be made available as they are supposed to confirm the positive HIV test result detected by Rapid tests at the district VCTCs.

Note: Project Directors should assess the requirement of Rapid HIV test kits in the VCTCs and should incorporate in their Annual Action Plan as the supply will be made centrally by NACO. For other disposables /equipment, contingency will be provided to State AIDS Control Societies as per pattern indicated.

Infection Control Measures and Post Exposure Prophylaxis (PEP)

Proper Infection Control measures must be followed in the testing laboratories and necessary protective gear like masks, gloves, apron etc must be made available. It is also important to ensure the availability of antiretroviral drugs for Post exposure prophylaxis for the laboratory staff in case of any eventuality.

5. Financial support for VCTC:

The following annual budgetary provision has been made for VCTC.

a) Consolidated salary for one Lab. Technician (contractual basis) : Rs. 6,500/- per month.
b) Consolidated salary for two counselors (@ Rs. 6,500/- per month): Rs. 13,000/-
c) Furniture & Consumables @ Rs. 24,000/- per year
d) Charges for the test - a token of Rs 10/- (Rupees ten only) should be charged from the persons undergoing the test. This charge is for the complete HIV test (3 ELISA/ RAPID tests). However, the Medical Superintendent/Head of Institution is empowered to waive off this charges in case of poor patients.

5.1 Qualification of lab. Technician:
A person with 2 years Diploma course passed from a recognized institution will be eligible for the post. Preference should be given to experienced persons. Retired people with requisite qualification with good service track record can also the considered. The age of such persons should not exceed more than 62 years. Pre Placement Training: The person selected for the post must be trained in HIV testing technology at a Center recognised by NACO.

5.2 Qualification of Counsellor:

NACO recommends that counselors should be hired through NGOs because of two reasons: (a) expertise in counseling services; and (b) easy procedure of recruitment. However, it has been observed that in some of the VCTCs, NGOs keep on changing counselors as per their convenience. Such practices should be avoided as it affects the quality of the counseling services. The counselors selected for a particular center should be allowed to continue there unless he/she leaves the job. State Project Directors should ensure that qualified counselors are appointed in VCTCs. The basic qualification should be:

(a) Graduate qualification in Medical Social Work (MSW) or psychology. However, in case of those candidates who have worked with some reputed organizations as a counselor in programs like Family Welfare, drug de-addiction, social welfare or mental health etc, the graduate qualification in social work or psychology can be waived. OR

Trained nurse/Public Health nurse and trained lady Health visitor with Diploma course from the Govt. institutions recognized by nursing and midwifery council of Govt. of India/ States Govts.

(b) Preference should be given to persons having experience of counselling in programs such as Family Welfare, Drug de-addiction, Social welfare or Mental health etc.

(c) Retired persons with good service track record can be employed but the age should not exceed 62 years of age.

Note: Counsellors should be engaged by State AIDS Control Societies in consultation with the head of the institutions either from NGOs or from other sources.

Pre Placement training: The person selected for the post of Counselor should under go 7 days training at the institute identified by SACS before deploying such an individual at VCTC. This training should be according to the Module on HIV Counselling training developed by NACO.

6. Training:

In order to maintain the quality of the HIV testing using rapid HIV test kits, training of the medical and paramedical professionals will be conducted as per schedule given below:

6.1 Two days training of Incharge of National Reference Centres.

The following centers have been identified by NACO for External Quality Assessment (EQA) program.

(i) National Institute of Biologicals, Noida, UP.

(ii) National Institute of Communicable Diseases, Delhi.

(iii) All India Institute of Medical Sciences, New Delhi.

(iv) National Institute of Mental Health and Neuro Sciences, Bangalore, Kanataka.

(v) Institute of Immuno-hematology, Mumbai.

(vi) National AIDS Research Institute (NARI), Pune.

(vii) School of Tropical Medicine, Kolkata.

(viii) National Institute of Cholera and other Enteric Diseases, Kolkata.

(ix) Dr. MGR University, Chennai.

(x) Madras Medical College, Chennai.

(xi) Christian Medical College, Vellore.

(xii) Regional Institute of Medical Sciences, Imphal.

The duration of training will be of two days and will be arranged at National Institute of Biologicals, Noida or any one of the National Reference Centers. The topics to be covered will be:

- Strategies for HIV testing including Rapid test Kits
- Advantages and disadvantages of Rapid HIV test kits in Voluntary Counseling and Testing Centers
- Testing Protocols
- Quality Assessment Program
- Consent, counseling and confidentiality
- Role of National Reference centers
- Training schedule for existing voluntary counseling and testing
- Monitoring of training program

This training will be arranged in the 2nd week of June 2001.

6.2 Two days training of In-charges of State/Regional level Voluntary Counseling and Testing Centers:

The existing 131 VCTCs are located in the Medical colleges and Regional level hospitals and are already involved in HIV testing using ELISA HIV test kitsA two days training program will be organized by the National Reference centers (Para 6.1).The topics covered during the training will also be same as that identified for training at Reference laboratories. These training programs will be organized in the 2nd week of July 2001. The list of centers linked to each of the National reference center is shown in Annex lll.

6.3 Training of In-charges of District level laboratories:

This would be the first time when the district hospitals would be involved in voluntary counseling and testing. Therefore, the

Microbiologists/Pathologists at this level would need basic information as well as hands on training in HIV testing.A three days training program is proposed covering the following topics:

- Natural History of HIV infection
- Virological markers in diagnosis of HIV infections
- Kinetics of Antibody Response in an HIV infected person
- Detection of HIV specific antibodies and categorization of screening tests
- Interpretation of results
- Choice of Assay
- Advantages and disadvantages of Rapid HIV test kits
- Consent, Counselling and Confidentiality
- National HIV testing Policy
- Quality Assessment Program
- Monitoring and functioning of VCTC

The training will be conducted at State level VCTCs (medical colleges and other tertiary hospitals as indicated in Para 6.2 during the 2nd fortnight of August 2001. To maintain the quality of training, the In-charges of National level reference laboratories will also participate in these training programs as observers/resource person and will submit a report to NACO in this respect.

7. External Quality Assessment Program (EQA):

In order to maintain the quality of tests being done at each level of VCTCs, the following measures will be followed -

7.1 All the samples detected HIV sero positive by using Rapid HIV test kits at the district level will be retested by using three ELISA test kits with different antigens or principles, in order to standardize the Rapid HIV test kits results. The blood samples from the district laboratories will be sent to the nearest State level (medical college/tertiary hospital) laboratories for the ELISA tests.Project Directors should ensure that each district is linked to respective State level laboratory and the district nodal officers as well as the medical officer in-charge of laboratories should be informed about the arrangement with a copy to NACO. The HIV test results should be communicated in to the district VCTCs within 15 days.

Besides, for External Quality Assessment Program it is required that 5% negative samples and all borderline positives will be sent to State Level Reference laboratories twice a year for cross checking of the result.The results of the EQA samples received should be communicated to respective laboratories within 15 days time. It would also test the sera panels sent by the State level laboratories as part of EQA.

7.1.1 As part of the EQA program State level reference laboratories would be required to send serum panels to the designated National Reference laboratory twice in a year to monitor the quality of the test kits being used for HIV tests. The serum panels would include 20% positives, 5% negatives and all repeat grey zone samples. Similarly, the National level Reference laboratories will send sera panels to State level reference laboratories under External Quality Assessment program twice a year as indicated above.

8. Consent, Counseling and Confidentiality:

HIV testing for the purpose of identification of an individual must always be undertaken after pre test counseling and informed consent. Testing without proper pre test counseling and informed consent have proven to be counter productive as the individual may not return for collection of the report or may be driven under ground because of fear of stigma and discrimination. This makes delivery of preventive intervention measures more difficult. Proforma for informed consent is annexed (Annex IV) and should be maintained by counselors

The confidentiality of the test result (either negative or positive) should be strictly maintained. It is essential to respect the privacy and rights of the individuals to protect them from discrimination, victimization and ostracisation. The test report must be handed over by the counselor to the individual after post test counseling in respect of those who come on their own to the VCTC to know their HIV status. In case of the patients referred by a physician, the result should be delivered to the respective physician in a sealed envelop. It will be the responsibility of the individual physician to counsel the persons before revealing the result.

In some cases, it has been observed that, the blood sample is sent by physicians for HIV testing. Then it will be the responsibility of the physician in-charge to carry out pretest counseling, obtaining consent of the patient, maintain confidentiality of the result and impart post test counseling before revealing the result.

In both cases mentioned above the person should be encouraged to reveal the result to -

(i) The spouse/partner and bring him/her for counseling services. In case he fails to do so it is obligatory on the treating physician to notify the result to the partner/spouse as per Supreme Court decision.

(ii) In case of a minor, the parents must be informed of the HIV status after pretest and post test counseling

(iii) In cases where there is no spouse or parents, consent may be taken from the concerned person for informing either a close relative or friend in the interest of the patient.

9. Test result:

As Rapid HIV test kits are being introduced first time for the purpose of diagnosis of HIV, every positive result will be reconfirmed by using three ELISA HIV test kits before giving final result to the person. Therefore, the seropositive result based on three Rapid HIV test kits should be provisionally given by the VCTC and the result should mention `Provisionally detected HIV seropositive, return after 15 days for final result`. However, the person should be properly counseled before giving the provisional as well as the final result.

10. Linking voluntary counseling and testing with care and support: People living with HIV/AIDS have a variety of needs and problems that relate to their HIV status. They may be specific to a particular disease process and need to be addressed in some way by the formal or informal health sector, or they may be legal, related to work, education, spiritual, emotional, nutritional or social. Once the person is detected seropositive, he should be referred to the physician in order to get more information on symptoms for which he should report to hospital/health care institutions. For other supportive services, linkages with NGOs would be of crucial importance. There should be close linkage of VCTC with the NGOs working in the districts on HIV/AIDS issues.

11. Dissemination of information about VCTC services:

Efforts should be made to publicize about the existence of voluntary and counseling testing facility for HIV in order to encourage people to avail the services, particularly by marginalized and vulnerable segments of the population.

12. Linkage with other National Health Programs:

Tuberculosis is the commonest opportunistic infection among the HIV patients. Provision of sputum diagnostic facility in VCTC will facilitate early detection and complete treatment of TB. At the central level it has been decided that microscope, reagents and other disposables can be obtained from the National TB Control Program. Project Directors should co-ordinate with State TB Control Officers to ensure availability of such facility for diagnosis of TB and anti TB drugs from NTCP/RNTCP to patients having dua infection ie HIV and tuberculosis.

13. Counseling for STD patients:

NACO has not sanctioned separate counseling centers for STD clinics, Blood banks, blood donors and people living with HIV/AIDS (PLWA) in the districts. The services of the VCTC should be utilized for counseling these groups.

14 Availability of condoms:

Condom is one of the effective tools for prevention of spread of HIV infection. Full information about condoms should be provided by the counselors and it should be made available to the persons attending VCTCs.

15. Monitoring of VCTCs:

The In-charge of VCTC should regularly submit monthly progress reports to the Project Directors of the State AIDS Control Societies on the format devised for the purpose (Annexure V). Project Director should analyse the performance of individual VCTC and a feedback should be given to the respective centers in order to improve their functioning/performance.

It is to be noted that the main objective of the VCTCs is to make testing services available to those persons who wish to know their HIV status because of their indulgence in some risk behavior. Therefore, it must be ensured that these centers are not utilized for screening of patients prior to Surgery or admission to hospitals. The counselors may be directed to discourage HIV testing in such situations during pre-test counseling.

ANNEXURE I

Existing Voluntary Counseling & Testing Centers (previously sero-surveillance centers)

Sl.No.	State/UT	VCTC
1.	Andhra Pradesh	1. Deptt. of Microbiology Osmania College Hyderabad 2. Deptt. of Microbiology S.V. Medical College Tirupati 3. Deptt. of Microbiology Andhra Medical College Vishakhapatnam 4. Instt. of Prev.Medicine Hyderabad

5. Indian Naval Hospital Ship
Kalyani
Vishakhapatnam

2. Arunachal Pr 6. Distt. Hospital
Itanagar

3. Assam 7. Deptt. of Microbiology
Guwahati Medical College
Guwahati

4. Bihar 8. Rajendra Memorial Research
Institute,
Patna

5. Goa 9. Deptt. of Microbiology
Goa Medical College
Panaji

6. Gujarat 10. Deptt. of Microbiology
B.J. Medical College
Ahmedabad

7. Haryana 11. Deptt. of Microbiology
Medical College
Rohtak

8. Himachal Pr 12. Deptt. of Microbiology
Indira Gandhi Medical College
Shimla

9. Jammu & Kashmir 13. Department of Immunopathology
Sher-e-Kashmir Instt. of
Medical Sciences,
Srinagar
14. Deptt. of Microbiology
Govt. Medical College
Jammu

10. Karnataka 15. Deptt. of Microbiology
Bangalore Medical College
Bangalore
16. Deptt. of Microbiology
Kasturba Medical College
Manipal
17 Dept. of Microbiology
National Institute of Mental &
Neurosciences, Banglore

11. Kerala 18. Deptt. of Microbiology
Medical College
Trivandrum
19. Indian Naval Ship Hospital
Cochin

12. Madhya Pradesh 20. Deptt. of Pathology
Gandhi Medical College
Bhopal
21. Regional Medical Research Centre

		for Tribal Health Jabalpur
		22. Dept. of Microbiology Choitram Hospital & Research Centre, Indore
13.	Maharashtra	23. Deptt. of Microbiology Seth G.S. Medical College & KEM hospital Mumbai
		24. Deptt. of Microbiology Grant medical college & J.J.Hospital Mumbai
		25. LTM medical College & Sion Hospital Mumbai
		26. T.N. medical college & B.Y.L. Nair Hospital Mumbai
		27. Rajabari Hospital Ghatkopar Mumbai
		28. Deptt. of Microbiology B.J. Medical College Pune
		29. Deptt. of Microbiology Govt. Medical College Nagpur
		30. Civil Hospital Kolhapur
		31. District Hospital Chandrapur
		32. Deptt. of Microbiology Govt.Medical College Miraj
		33. Indian Naval Hospital Ship Ashwini, Mumbai
		34. Deptt. of Microbiology Armed Forces Medical College Pune
14.	Manipur	35. RIMS Imphal
15.	Meghalaya	36. Civil Hospital Shillong
16.	Mizoram	37. Civil Hospital Aizwal
17.	Nagaland	38. Naga Hospital Kohima
		39. District Hospital Dimapur
18.	Orissa	40. Deptt. of Microbiology S.C.B.Medical College Cuttack
		41. Regional Medical Research Centre Bhubneshwar
19.	Punjab	42. Deptt. of Microbiology Govt. Medical College Amritsar
20.	Rajasthan	43. Deptt. of Microbiology S.M.S.Hospital Jaipur
21.	Sikkim	44. Dept. of Pathology

S.T.N.M.Hospital
Gangtok

22. Tamil Nadu 45. Deptt. of Microbiology
Instt. of Child Health &
Hospital for Children
Madras
46. Deptt. of Microbiology
Madurai Medical College
Madurai
47. Medical College,
Chennai.

23. Tripura 48. District Hospital
Agartala

24. Uttar Pradesh 49. Deptt. of Microbiology
K.G.Medical College
Lucknow
50. Central JALMA Instt. for Leprosy
Agra
51. Deptt. of Microbiology
BHU
Varanasi
52. Deptt. of Microbiology
J.L.N.Medical College
Aligarh
53. Kamla Nehru Memorial Hospital
Allahabad

25. West Bengal 54. All India Institute of Hygiene and
Public Health
Calcutta.

26. Delhi 55. Deptt. of Microbiology
University College of Medical
Sciences, Shahdara
56. Deptt. of Microbiology
Maulana Azad Medical College
New Delhi
57. Army Hospital Referal & Research
Delhi Cantt.

27.A & Nicobar Is. 58. G.B. Hospital
Port Blair
.
28. Chandigarh 59. Deptt. of Immunopathology
P.G.I., Chandigarh.

31. Lakshadweep 60. Govt. Hospital
Kavaratti

32. Pondicherry 61. Govt. General Hospital
Pondicherry
62. Deptt. of Microbiology
JIPMER

National Reference Center cum Voluntary Counselling & Testing Center

1. National Institute of Communicable Diseases, Delhi.

2. All India Institute of Medical Sciences, New Delhi.

3. Institute of Immuno-hematology, Mumbai.

4. National AIDS Research Institute (NARI), Pune.

5. School of Tropical Medicine, Kolkata.
6. National Institute of Cholera and Enteric Diseases, Kolkata.

7 Madras Medical College, Chennai.

8. Christian Medical College, Vellore.

9. Regional Institute of Medical Sciences, Manipur.

Annexure II

Voluntary Counseling & Testing Centres - Sanctioned in the Year 1998-99

1. ANDHRA PRADESH.

1. Rangaraya Medical College, Kakinada.

2. Guntur Medical College, Guntur.

3. Siddhastha Medical College, Vijayawada.

4. Osmania Medical College, Hyderabad.
5 Gandhi Medical College, Secunderabad.
6. Kaktiya Medical College, Warrangal.

7 Kurnool Medical College, Kurnool.

2. ASSAM

8. Silchar Medical College, Silchar.

9. Assam Medical College, Dibrugarh.

3. BIHAR
10. Darbhanga Medical College, Leharia Sarai.
11. S.K. Medical College, Muzzafarpur.
12 Patna Medical College, Patna.
13 M.G.M. Medical College, Jamshedpur.
14 Pataliputra Medical College, Dhanbad.
15 Medical College, Bhagalpur.
16 Magadh Medical College, Gaya.
17 Nalanda Medical College, Patna.

4. DELHI
18 Dr. R.M.L. Hospital, New Delhi
19 Lady Hardinge Medical College, New Delhi
20 Safdarjung Hospital, New Delhi

5. GUJARAT
21 Municipal Medical College, Ahmedabad.
22 Medical College, Baroda.
23 M.P. Shah Medical College, Jamnagar.

24 Govt. Medical College, Surat.

6. JAMMU & KASHMIR
25 Govt. Medical College, Srinagar.

7. KARNATAKA
26 Mysore Medical College, Mysore.
27 Karnataka Medical College, Hubli.
28 Medical College, Bellary.
29 Medical College, Mangalore.

8. KERALA
30 T.D. Medical College, Allepey.
31 Medical College, Calicut.
32 Medical College, Trichur.
33 Medical College, Kottayam.

9. MADHYA PRADESH
34 Govt. Medical College, Jabalpur.
35 G.R. Medical College, Gwalior.
36 M.G.M. Medical College, Indore.
37 S.S. Medical College, Rewa.
38 Pt. J.L.N. Medical College, Raipur.

10. MAHARASHTRA
39 Dr. V.M. Medical College, Sholapur.
40 Govt. Medical College, Aurangabad.
41 S.R.T.R. Medical College, Ambajogai.
42 Indira Gandhi Medical College, Nagpur.
43 Govt. Medical College, Nanded.

11. ORISSA
44 V.S.S. Medical College, Burla.
45 M.K.C.G. Medical College, Berhampur.

12. PUNJAB
46 Medical College, Patiala.
47 Medical College, Faridkot.
13. RAJASTHAN
48 S.P. Medical College, Bikaner.
49 R.N.T. Medical College, Udaipur.
50 Dr. S.N. Medical College, Jodhpur.
51 J.L.N. Medical College, Ajmer.

14. TAMIL NADU
52 Stanley Medical College, Chennai.
53 Sri Ramachandra Medical College & Research Institute.
54 Thanjabur Medical College, Thanjabur.
55 Govt. Medical College, Coimbatore.
56 Tiruneveli Medical College, Tiruneveli.
57 Govt. Medical College, Chingleput.

15. UTTAR PRADESH
58 S.N. Medical College, Agra.
59 M.L.N. Medical College, Allahabad.
60 G.S.V.M. Medical College, Kanpur.
61 M.I.B. Medical College, Lucknow.
62 B.R.D. Medical College, Gorakhpur.

16. WEST BENGAL
63 Calcutta Medical College, Kolkata.
64 R.G. Kar Medical College, Kolkata.
65 N.R.S. Medical College, Kolkata.

66 National Medical College, Kolkata.
67 B.S. Medical College, Bankura.
68 North Bengal Medical College, Siliguri.

17. Manipur
69 J. N. Medical College, Imphal
National Reference Center cum VCTC (sanctioned in 2000)

1. National Institute of Mental Health & Neuro Sciences(NIMHANS), Bangalore

2. MGR medical University, Chennai

3. National Institute of Biologicals, NOIDA

ANNEXURE III

List of 12 National Reference Centers cum VCTC for External Quality Assessment Program and Training

Sl. No.	National Reference Center cum VCTC	States linked to Center
1.	National Institute of Biologicals, Noida, UP.	Uttar Pradesh (incl. Uttaranchal)
2.	National Institute of Comm.Diseases, Delhi.	Rajasthan, Haryana, Delhi, J. & K.
3.	All India Institute of Med. Sciences, N Delhi.	Himachal Pradesh, Chandigarh
4.	National Institute of Mental Health and Neuro Sciences, Bangalore,	Karnataka
5.	Institute of Hematology, Mumbai.	Mumbai, Madhya Pr.(incl. Chattisgarh)
6.	National AIDS Research Institute (NARI), Pune.	Maharashtra, Goa, Gujarat, Daman & Diu, Dadra & Nagar haveli
7	School of Tropical Medicine, Kolkata.	West Bengal, Bihar (incl. Jharkhand), Sikkim
8.	National Institute of Cholera and Enteric Diseases, Kolkata.	Assam, Orissa, A&N Islands, Meghalaya
9.	Dr. MGR University, Chennai.	Andhra Pradesh
10.	Madras Medical College, Chennai.	Tamil Nadu, Pondicherry
11.	Christian Medical College, Vellore.	Kerala, Lakshadweep
12.	Regional Institute of Med. Sciences, Manipur	Manipur, Tripura, Arunachal, Mizoram, Nagaland

ANNEXURE IV

CONSENT FORM FOR HIV TESTING

This is to state that I have been counseled about the HIV test to be conducted on me and have been explained about the implications of the test result - positive, provisionally positive, negative or indeterrminate. All the details pertaining to HIV, its transmission, testing procedure, its limitations and interpretation of results have been explained to me in a manner that I can understand.

I, hereby, give my consent for the test to be conducted on me in order to ascertain my HIV sero-status.

Signature: Date:

Note:

1. It may be noted that general consent obtained for carrying out procedures in hospital does not include HIV consent.

2. In case of minor, the consent should be obtained from the parents.

3. In case of unconscious patients, where there is a need for diagnosis of HIV for management of the patient, consent should be obtained from the parents, spouse/closest relative available at that time.

4. In case no attendant is available, the test, if necessary for management, may be carried out on recommendation of two attending doctors.

ANNEXURE V

National AIDS Control Program

VOLUNTARY COUNSELING & TESTING CENTER (VCTC)

Monthly Report

1. Name of State/UT:

2. Month & year

3. Total No. of VCTCs in the State/UT

4. Counselling Services

During the Month

Cumulative Since January 2001

Male
Female
Total

Male
Female
Total

No. Counselled

5.1 Voluntary HIV testing - Route of Transmission
Route of Transmission

During the Month
Cumulative Since January 2001

Total tested
Samples Positive
Total tested
Samples Positive

Sexual Intercourse

Transfusion of Blood & Blood Products

Infected Syringes & needles (IDUs)

Perinatal transmission

History not available

5.2 Voluntary HIV testing - Age & Sex distribution
Age Group

(Years)
During the Month
Cumulative since January 2001

Male

Female

Total

Male

Female

Total
0 - 14

15 - 24

25 - 49

> 50

6.1 Clinically Suspected HIV/AIDS Cases
Route of Transmission
During the Month
Cumulative Since January 2001

Total tested
Samples Positive
Total tested
Samples Positive

Sexual Intercourse

Transfusion of Blood & Blood Products

Infected Syringes & needles (IDUs)

Perinatal transmission

History not available

6.2 Clinically suspected HIV/AIDS cases - Age & Sex distribution Age Group (Years)

During the Month Cumulative since January 2001

Male

Female

Total

Male

Female

Total

0 - 14

15 - 24

25 - 49

> 50

Date :
Signature:
Designation:

Note:

1. Voluntary HIV testing should be according to NACO guidelines of 3 ELISA/RAPID for asymptomatic cases and 2 ELISA/RAPID for clinically suspected AIDS cases.

2. HIV testing must be accompanied by-

i. Informed Consent
ii. Pretest Counseling
iii. Post - test counseling
iv. Follow-up.
v. Maintain confidentiality

3. HIV test prior to Surgery or admission to hospitals must be discouraged during pretest counseling.